

2012

State of the County Health Report



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Report prepared by the Carteret County Health Department and Healthy Carteret

Approved by the Board of Health, November 2012



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About the State of the County Health Report

The North Carolina Division of Public Health requires local health departments to conduct a comprehensive community health assessment every four years. During the three interim years, local health departments are responsible for issuing an annual report known as, the State of the County Health (SOTCH) report. The Carteret County Health Department (CCHD) in partnership with Healthy Carteret, (formerly Healthy Carolinians of Carteret County) is pleased to submit the 2012 SOTCH Report. This report provides an annual review of the health of the community; tracks progress in addressing priority health issues by comparing state and local data; and identifies new programs, partnerships, and emerging issues that affect the health status of county residents.

The priority areas identified by the 2009 Community Health Assessment report were, Tobacco Use, Substance Abuse, and Physical Inactivity/Poor Nutrition. Over the last three years, the health department, community organizations, and individuals have made great strides in improving health status and outcomes within the community. In just the last two years, Carteret County has jumped from 17th healthiest county in North Carolina to the 11th. These findings indicate that both individuals and organizations continue to address lifestyle, environmental, and policy changes, helping to make the “healthy choice, the easy choice.”

Information contained in this report represents progress made in addressing priority health issues. A presentation of this report is made to the Board of Health and a press release is issued to local media outlets. The report is also shared with community partners and other agencies. If you have questions about the information in this report, would like a presentation on SOTCH report findings, or would like to be involved in local initiatives, please contact Andrea Swain, Public Health Educator at the Carteret County Health Department (252) 222-7778. A link to the report will be posted online, on the Carteret County Health Department (CCHD) Web site, www.carteretcountyhealth.com, as well as the [CCHD Facebook page](#).

2012 SOTCH Report, Selected Findings

Population and Socioeconomic Factors

- Carteret County's resident population in 2011 was estimated at 67,373, a 1.4 % increase from the 2010 Census and an 11.9 % increase since 2000 Census.¹
- Carteret County is in the top 20 counties in the state (ranked 19th) for the largest resident population aged 65 and over and which account for about 19% of the population.²³
- Approximately 18.3% of the population is civilian veterans, ages 18 or older.³
- Approximately 83% of the population has some form of health insurance, either private pay (61%) or public (39%), leaving approximately 17% of the population without health insurance.²
- In 2011, 1 in 7 families were living below the federal poverty level and of those, almost half were female, single parent households.²
- Approximately 43.3% of children in Carteret County Schools were receiving free or reduced lunch, and 18% of households in Carteret County were receiving food stamps in 2011.^{5,2}
- 31% of households in Carteret County pay a third of their household income on housing.²¹
- The annual average unemployment rate for Carteret County in 2011 was 9.4% compared to 2008 annual average unemployment rate of 5.5% in Carteret County.²⁴

Health Status

- Carteret County has a much lower birth rate (9.7 per 1,000 live births) than NC (13.3) and a lower teen pregnancy rate than NC. This is in line with decreasing statewide trends for teen pregnancy rates. However, approximately 38% of all live births in Carteret County are to unmarried women.⁹
- Nearly half of all pregnant women in Carteret County smoked cigarettes 3 months prior to pregnancy, ranking Carteret County 81st of 100 counties for one of the highest pre-pregnancy smoking rates in NC.^{7,11}
- Carteret County's asthma hospitalization rate for children ages 0-14 was 215.9 per 100,000 population, approximately 23% higher than NC's average rate of 166 per 100,000.¹⁰
- When comparing the top 10 leading causes of death in Carteret County to NC, Carteret County has higher rates of cancer, heart disease, unintentional injuries, motor vehicle injuries, chronic liver disease/cirrhosis, and suicide than NC.⁸
- Lung Cancer is the leading type of cancer death in Carteret County.⁸
- Other risk factors for chronic disease include lack of physical activity, poor nutrition, smoking, and excessive alcohol use. Of those surveyed, 30% did not participate in any physical activity or exercise, 88% did not report eating recommended amounts of fruits and vegetables per day, 23% were current smokers, and 15% reported binge drinking in the past 30 days.¹⁵
- 34.3% of high school students report underage drinking on one or more of the past thirty days and 17.7% reported binge drinking (consuming five or more alcoholic drinks in one setting).¹⁶
- Approximately 7.1% of all crashes in Carteret County involved alcohol compared to only 5.3% in NC. The rate of alcohol related crashes in Carteret County is 25% higher than the State's rate for 2007-2011.²⁰
- Carteret County's suicide rate of 17.8 per 100,000 is also significantly higher (21%) than NC rate of 14 per 100,000 for ages 10 or older.¹⁸

Achievements

- Carteret County Health Department has been recommended for full re-accreditation for 2012-2016 by the NC Accreditation Board.

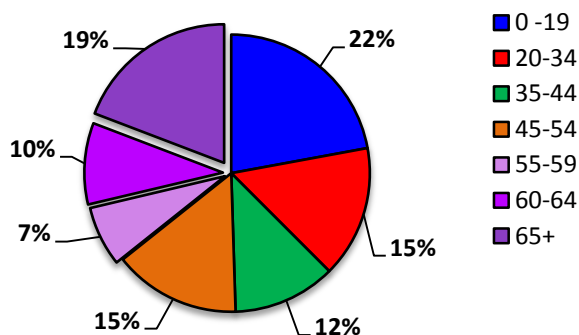
Carteret County Population Update

2012 SOTCH Report

Current demographic data including race, ethnicity, age, and gender of full-time Carteret County residents can be found in the table below. The population data below does not include seasonal residents, these being individuals who own property and spend time in Carteret County throughout the year on regular and irregular basis (an estimated 153,708 in 2010), nor does it include the approximately 2,000,000 tourists and visitors that come to the Crystal Coast annually.

Total Population ¹		Carteret	North Carolina
Full-Time Resident		67,373	9,656,401
Race ¹			
White persons		90.0%	72.1%
Black persons		6.5%	22.0%
American Indian and Alaska Native persons		0.6%	1.5%
Asian persons, percent,		0.9%	2.3%
Native Hawaiian/Other Pacific Islander persons		0.1%	0.1%
Persons reporting two or more races		1.8%	1.9%
Ethnicity ¹			
Persons of Hispanic or Latino Origin		3.7%	8.6%
White persons not Hispanic		86.9%	65.0%
Gender ¹			
Male		49.4%	48.7%
Female		50.6%	51.3%
Age ²		Number	Percent
Under 5 years		3,977	5.9%
5 to 9 years		2,826	4.2%
10 to 14 years		4,257	6.3%
15 to 19 years		3,866	5.7%
20 to 24 years		3,974	5.9%
25 to 34 years		6,374	9.5%
35 to 44 years		8,060	12.0%
45 to 54 years		9,940	14.8%
55 to 59 years		4,696	7.0%
60 to 64 years		6,410	9.5%
65 to 74 years		7,612	11.3%
75 to 84 years		3,671	5.4%
85 years and over		1,710	2.5%
Civilian Veteran Population Ages 18+ ³ (2009-2011)		9,745	18.3%
			10.3%

Carteret County Residents, By Age



Carteret County's demographic breakdown is 90 percent white and 6.5 percent black, 1.6 percent Asian, Native American, Pacific Islander, and 1.8 percent identify with two or more races. Additionally, 3.7 percent of the population is identified as Hispanic or Latino origin.

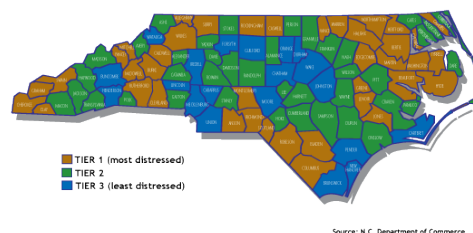
Carteret County has a high number of individuals ages 55 and up, which account for 36 percent of the total population. Carteret County also has a higher number of veterans and active duty service members due to the close proximity to neighboring military bases.

Individuals ages 20-24 represent one of the smallest demographics in Carteret County (5.9%). Individuals in this age group typically move away to further their education or for employment purposes.

Socioeconomic factors such as educational attainment, unemployment rate, insurance coverage, and household income are all indicators of community health status. Understanding this data provides better picture of the types of programming, gaps in services, and needed interventions within the county. The table below identifies key, socioeconomic factors that should be considered for Carteret County.

U.S. Census QuickFacts 2006-2010	Carteret County	North Carolina
Median Household Income 2006-2010	\$46,155	\$45,570
Persons Below Poverty Level 2006-2010	12.2%	15%
Number of Households 2006-2010	28,071	3,683,364
Percent of Population w/ Health Insurance Coverage 2006-2010	83.6%	83.7%
H.S Graduation Rate	87.6%	83.6%
Percent Bachelor's Degree or Higher	23.8%	26.9%
American Community Survey 1-Year Estimates 2011	Carteret County	North Carolina
With Health Insurance Coverage 2011	83.6%	83.7%
Percent of Population w/out Health Insurance Coverage 2011	16.4%	16.3%
Percent Employed w/out Health Insurance Coverage 2011	24.9%	19.6%
Families Below Poverty level 2011	14.6%	13.2%
Female Householder (Single Parent) Below Poverty Level 2011	43.7%	35.4%
Percent of Households receiving Food Stamps 2011	18%	14.7%
Percent Children receiving Free/Reduced Lunch 2010-2011	43.3%	53.9%
Unemployment rate 2011 Annual Average	9.3%	9.4%
American Community Survey 3-Year Estimates '09-'11	Carteret County	North Carolina
	Number	Percent
Population 25 years and over	47,857	---
Less than 9th grade	2,035	4.3%
9th to 12th grade, no diploma	3,882	8.1%
High school graduate (includes equivalency)	13,912	29.1%
Some college, no degree	12,179	25.4%
Associate's degree	4,450	9.3%
Bachelor's degree	7,444	15.6%
Graduate or professional degree	3,955	8.3%

According to the NC Department of Commerce, Carteret County continues its designation as a Tier 3 county. These designations are based on an assessment of each county's unemployment rate, median household income, population growth, and assessed property value per capita. Tier 1 counties are considered the most economically distressed whereas, Tier 3 counties are the least economically distressed counties in the state. Although we continue to be Tier 3, Carteret County Health Department recognizes this disparity in wealth. Our county is disproportionate and in that we have areas that are less economically distressed due to the high property values being on the coast, the tax income generated from the second homeowners, and the boost that the seasonal tourism industry brings to the community and the economy. While this is true, it is also important to look at socioeconomic factors. In 2011, Carteret County had a higher percentage of individuals on public health insurance, higher number of families living below the federal poverty level, and a higher percentage of households receiving Food Stamps than the NC average. Many of the businesses within the county are service, tourism, and recreational related. Because these jobs tend to be seasonal employment that usually means lower wages and no health insurance benefits for employees.



Maternal Health and Child Health

Maternal health is an important predictor of newborn health and well-being and is also an important factor for overall childhood health and development. The following compares Maternal and Child Health indicators for Carteret County and North Carolina.

Birth Rate: Live Birth Rates per 1,000 Population, By Race and Ethnicity 2006--2010

Birth Rate Live Birth Rate per 1,000 Population, by Race and Ethnicity, 2000-2009										
	Total		White*		African American*		Other*		Hispanic	
	Rate	Births	Rate	Births	Rate	Births	Rate	Births	Rate	
Carteret County	9.7	2,533	8.9	229	9.8	77	19.2	275	33.2	
North Carolina	13.8	354,429	11.4	150,454	15.1	29,682	19.3	103,812	30.4	
*Non-Hispanic										

*Non-Hispanic

Teen Pregnancy Rate: Girls Ages 15-17 per 1,000 Population, By Race and Ethnicity 2006-2010

	Total		White*		African American*		Other*		Hispanic	
	Rate	Births	Rate	Births	Rate	Births	Rate	Births	Rate	
Carteret County	24.1	104	20.8	22	40.6	2	22.7	11	73.3	
North Carolina	31.7	10,647	19.1	11,815	46.6	1,007	31.4	5,308	75.9	
*Non-Hispanic										

*Non-Hispanic

Pregnancy Outcomes: Number and Percent of Low and Very Low Weight Births by Race and Ethnicity 2006-2010

	Total	White*		African American*		Other*		Hispanic	
LOW birth weight	%	Births	Percent	Births	Percent	Births	Percent	Births	Percent
Carteret County	7.2	174	6.9	27	11.8	2	2.6	22	8.0
North Carolina	9.1	27,316	7.7	21,604	14.4	2,774	9.3	6,566	6.3
	Total	White*		African American*		Other*		Hispanic	
VERY LOW birth weight	%	Births	Percent	Births	Percent	Births	Percent	Births	Percent
Carteret County	1.1	21	.8	6	2.6	0	0	8	2.9
North Carolina	1.8	4,754	1.3	5,081	3.4	434	1.5	1,195	1.2
Birth Weight Definition: Low (<= 2500 grams or less than 5.5 lbs) and Very Low (<= 1500 grams or 3.5 lbs) at birth.									
*Non-Hispanic									

Birth Weight Definition: Low (<= 2500 grams or less than 5.5 lbs) and Very Low (<= 1500 grams or 3.5 lbs) at birth.

*Non-Hispanic

Maternal Indicators: Marital Status and Abortion Rate

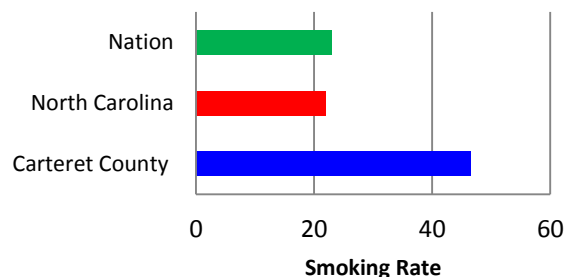
From 2006-2010, approximately 38 percent of the 3,114 live births were to unmarried women. This number varies greatly for each race/ethnicity. Approximately 72 percent of all African American live births were by unmarried women; about 53 percent of live births by Hispanic women were unmarried; and 33 percent of all live births were by unmarried White women. In 2010, there were 623 live births and 108 induced abortions in Carteret County. Unmarried women ages 15-24 account for almost half of the 108 induced abortions.

Maternal Smoking Rate

Due to revisions to the U.S. Standard Birth Certificate adopted in 2010, data related to smoking *during* pregnancy is not available. However, data related to smoking three months prior to pregnancy was collected. This data indicates that 46.5 percent of pregnant women in Carteret County smoked three months prior to pregnancy, ranking Carteret County 81st out of the 100 counties for one of the highest smoking rates in North Carolina. In 2008, Carteret County's maternal smoking rate was about 18.5 percent which means that many women do quit smoking once they realize they are pregnant. Smoking during pregnancy may put women at increased risk for vaginal bleeding, placental problems, miscarriage and stillbirth. Infants born to mothers who smoked during pregnancy are more likely to have certain birth defects, be born premature and/or low birth weight and die from Sudden Infant Death Syndrome (SIDS). Possible initiatives could include pregnancy tobacco cessation or trainings for prenatal care providers.

The previous version of the birth certificate included a "yes/no" checkbox regarding tobacco use during pregnancy and a separate field for recording the average number of cigarettes smoked per day. The revised birth certificate includes fields for recording smoking status three months before pregnancy as well as during each trimester of pregnancy. Beginning in 2011, birth data were collected solely under the revised U.S. Standard Certificate, therefore, 2011 will represent the first full year of revised birth certificate data that North Carolina's State Center for Health Statistics will publish in 2013.

Smoking, 3 Months Prior to Pregnancy



Maternal Health and Child Health Continued

Breastfeeding Rate

According to the 2010, Pregnancy Nutrition Surveillance Survey, 72.5 percent of births which occurred in 2010, breastfeeding was attempted. This number is attributed to the Breastfeeding Consulting program within the Hospital, WIC breastfeeding support program and other resources and advocates within the community. Carteret County ranks 21st out of 100 for the breastfeeding rate 72.5 percent, compared to 1st ranked Dare County with a breastfeeding rate of 99.1 percent.

WIC Enrollment and Medical Care during 1st Trimester

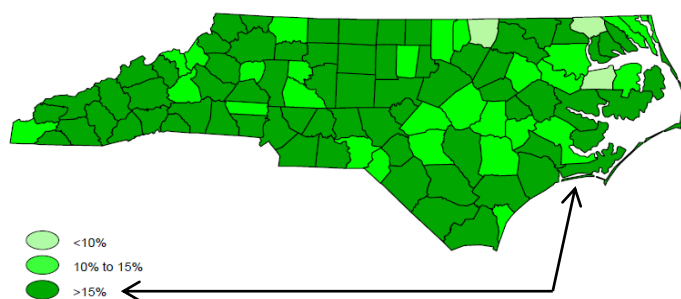
According to the 2008-2010 Pregnancy Nutrition Surveillance Survey, 85.5 percent of pregnant women sought medical care during their first trimester, ranking Carteret County 28th out of 100. However, only about 28.5 percent of the pregnant women applied for WIC during the first trimester, ranking Carteret County 72nd out of 100 counties.

Child Weight: Overweight and Obesity Data

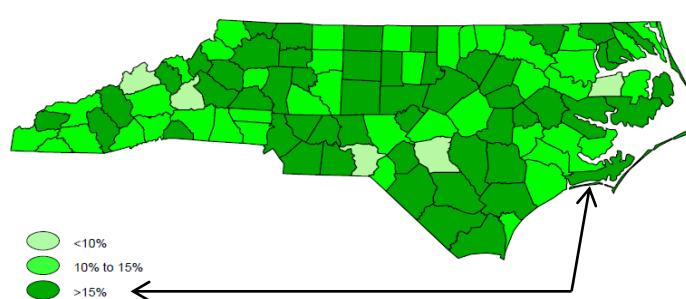
Data collected for children ages 2 to 4 in Carteret County, found that 5.1 percent are underweight, 63.5 percent are at a healthy weight, 16.3 percent are considered overweight, and 15.1 percent are considered obese.

Nutrition and Physical Activity Surveillance System (NPASS) data for children ages 2 to 4 are reflective of the population at 185% of the federal poverty level. Approximately 85 to 95% of the children included in the NC-NPASS sample for ages 2 to 4 are WIC participants. Since children are not eligible to participate in WIC once they become 5 years old, the sample size for NC-NPASS data received from the child health clinics was not adequate to calculate county-specific rates for children age 5 and older.

Percentage of Overweight Children¹, 2 - 4 Years of Age
NC-NPASS² 2010



Percentage of Obese¹ Children, 2 - 4 Years of Age
NC-NPASS² 2010



¹ BMI-for-Age Percentiles ≥85th and <95th Percentile

² North Carolina-Nutrition and Physical Activity Surveillance System (NC-NPASS) is limited to data on children seen in North Carolina Public Health Sponsored WIC and Child Health Clinics and some School Based Health Centers. Percentiles were based on the CDC/NCHS Year 2000 Body Mass Index (BMI) Reference.

¹ BMI-for-Age Percentile ≥95th

² North Carolina-Nutrition and Physical Activity Surveillance System (NC-NPASS) is limited to data on children seen in North Carolina Public Health Sponsored WIC and Child Health Clinics and some School Based Health Centers. Percentiles were based on the CDC/NCHS Year 2000 Body Mass Index (BMI) Reference.

Immunization Rates

Carteret County immunization rate for children by age 24 months is 76 percent. This indicates that 24 percent of the children by age of two are not current on vaccines. The immunization rate for active Health Department clients is approximately 75 percent. The required vaccination series is 431331, i.e., 4 DTaP, 3 Polio, 1 MMR, 3 HIB, 3 HepB and 1 VAR; and is assessed at 24 months of age. Please note that these rates are based solely on data that has been entered into the NCIR. This does not necessarily represent true immunization 'coverage', but rather 'compliance' with immunization data entry. This assessment was conducted on October 2, 2011 and included Children within the birth date range from 10-02-2008 to 10-01-2009.

Asthma Rates

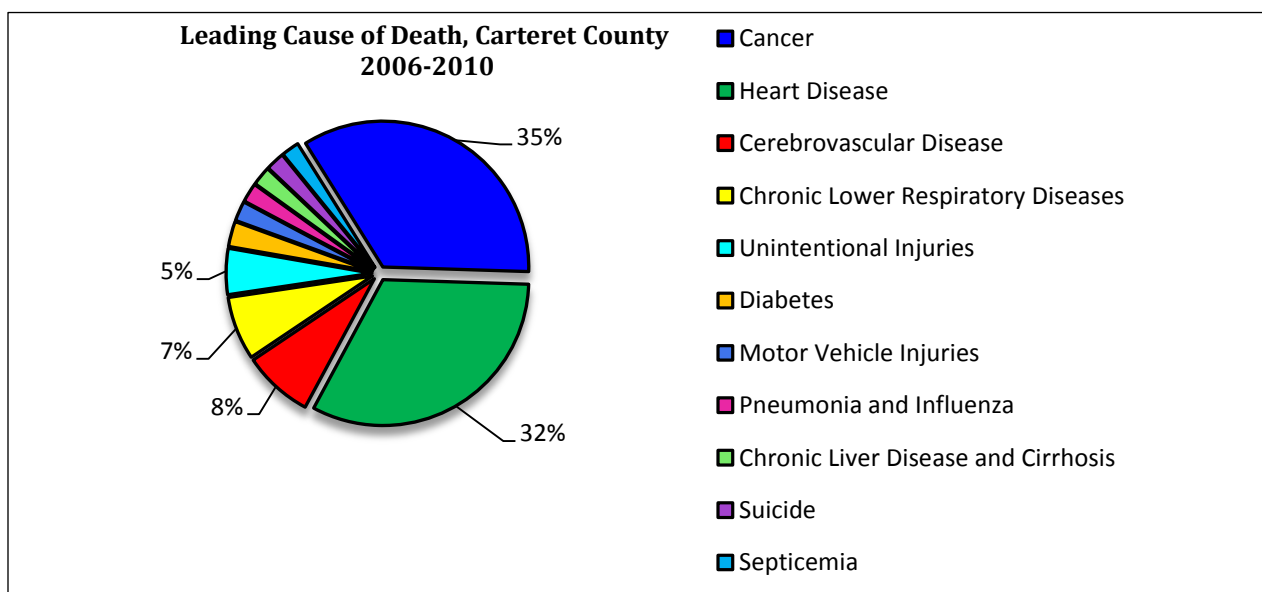
According to the 2010, North Carolina Hospital Discharge data- Primary Diagnosis of Asthma, Carteret County's rate of 215.9 per 100,000 population is significantly higher than North Carolina's average rate of 166 per 100,000 for patients ages 0 – 14. This data includes only NC residents served in NC Hospitals. Asthma is the most common chronic disease in school aged children, and consistently the leading chronic disease as reported by North Carolina's public school system 2009-2010. Approximately one out of every ten children in North Carolina has asthma.

Oral Health Status (Kindergarten and Fifth Grade 2009-2010)

According to the North Carolina Oral Health Section, County Level Summary for 2009 to 2010, approximately 490 kindergarteners were screened and 599 fifth graders were screened for decayed and filled teeth in Carteret County. Of the kindergarteners, 14 percent had untreated dental decay (compared to 15% in NC) and of the fifth graders 5 percent had untreated dental decay (compared to 3% in NC). Oral health screenings are a good indicator of the level of dental disease within the county as well as access to dental health services.

Leading Cause of Death

Cancer remains the leading cause of death in Carteret County, and accounted for 35 percent of all deaths; followed closely by heart disease which accounted for 32 percent of all deaths. The top five leading causes of death account for 87 percent of all deaths in Carteret County. The health department continues to partner with Carteret General Hospital to provide annual, free skin cancer and breast cancer screening events. The Health Department also continues to participate in the North Carolina Breast and Cervical Cancer Control Program. This program provides free breast and cervical cancer screening and treatment for eligible women in Carteret County. In addition to the screenings, since the 2009 Community Health Assessment, CCHD actively supports behavioral, policy, and environmental changes within worksites, schools, and the community which promote healthy lifestyles such as tobacco free environments, healthy eating, and increasing physical activity. These three behaviors are directly linked to improving health outcomes such as decreased risk for heart disease, cancer and stroke.



Leading Cause of Death 2006-2010	Total #	Carteret Death Rate*	NC Death Rate*
1 Cancer	903	202.2	183.1
2 Heart Disease	850	197.4	184.8
3 Cerebrovascular Disease	203	47.0	47.8
4 Chronic Lower Respiratory Diseases	185	41.2	46.4
5 Unintentional Injuries	134	37.8	28.6
6 Diabetes	74	16.5	22.5
7 Motor Vehicle Injuries	58	17.4	16.7
8 Pneumonia and Influenza	56	13.3	18.5
8 Chronic Liver Disease and Cirrhosis	56	13.2	9.1
9 Suicide	55	15.7	12.1
10 Septicemia	52	11.9	13.7

*Age Adjusted Death Rate Per 100,000.

Indicates Higher than State Death Rate

Cancer Deaths 2006-2010*			
Type of Cancer	Carteret		NC
	Total #	Death Rate	Death Rate
Lung	313	66.6	55.9
Colon	63	14.1	16.0
Breast	49	20.2	23.4
Prostate	43	23.3	25.5

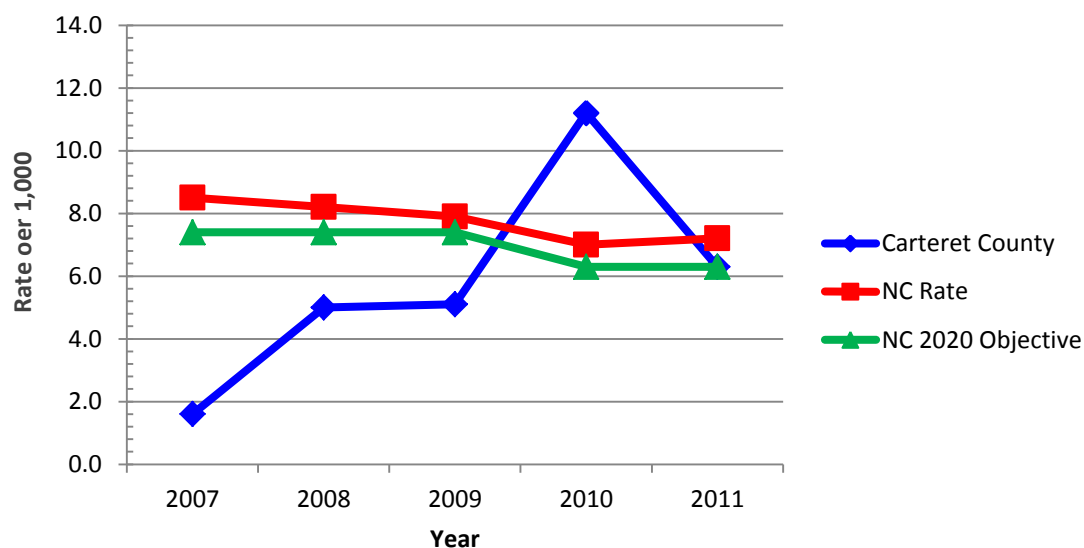
Mortality and Morbidity Continued

Infant Mortality

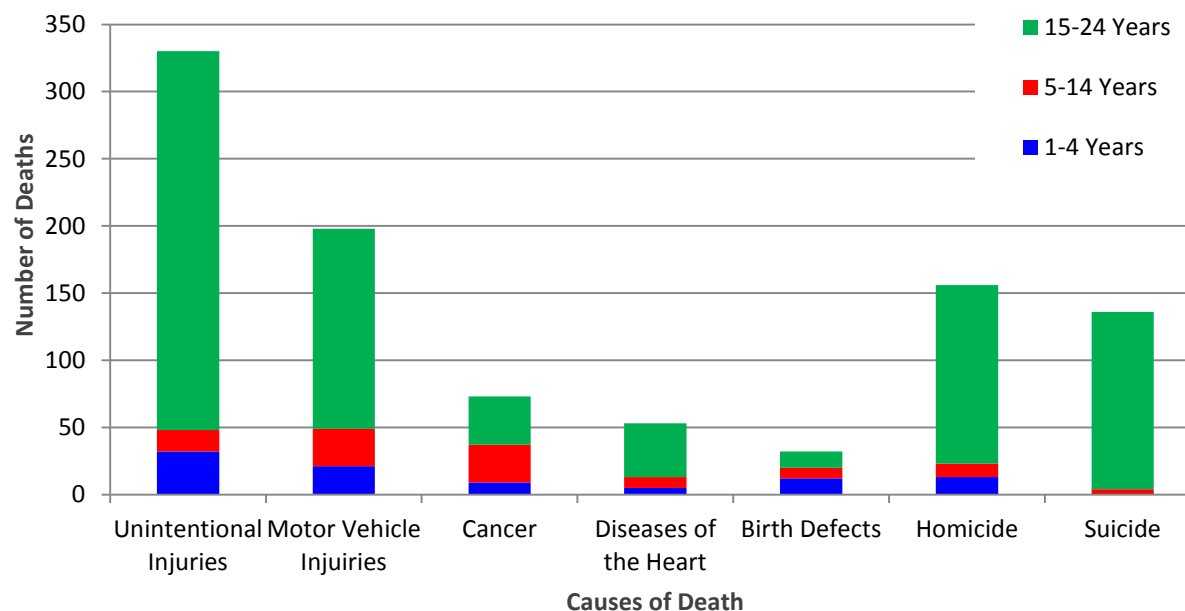
According to the State Center for Health Statistics, the infant mortality rate for Carteret County from 2007 to 2011 was 5.8 per 1,000 live births. Some of the leading causes of infant mortality in Carteret County are birth defects, perinatal conditions, SIDS (Sudden Infant Death Syndrome), and illnesses. Many factors play a role in the development of a healthy baby such as the mother's lifestyle and age; mother's exercise and nutritional habits preconception; tobacco, alcohol, and drug use during pregnancy; physical stress and exposure to environmental hazards; and access to prenatal care.

Infant Mortality Rate 2007 – 2011 per 1,000 Live Births

NC Total Rate, Race and Carteret County Total Rate



Leading Causes of Child Death 2010 in North Carolina, by Age Group



Other causes of child death include bicycle injuries, drowning, falls, and poisoning.

Lifestyle and Other Contributing Factors for Morbidity and Mortality

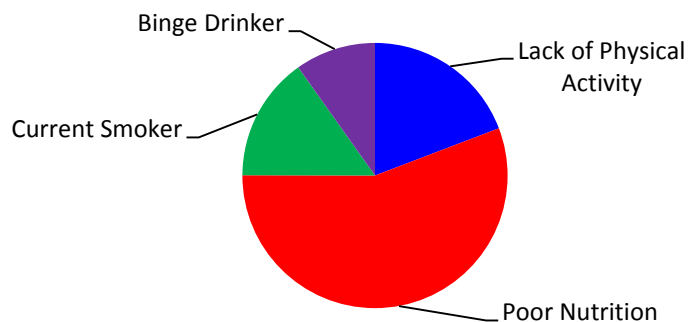
Many of the leading causes of death in in Carteret County are related to preventable chronic diseases. Research continues to show the link between lifestyle choices and increase in risk factors for developing a chronic disease later in life. Lifestyle choices such as tobacco use, alcohol use, exercise, and diet are all modifiable behaviors that impact overall health status. While there is no such thing as a “preventable death” there are steps and strategies individuals can take to decrease their risk factor for developing chronic diseases, like heart disease, diabetes, cancer, and more.

Behavioral Risk Factor Surveillance System Data

According to the 2011 Behavioral Risk Factor Surveillance System Data (BRFSS) for Eastern North Carolina, **30.2 percent** of survey respondents said they did not participate in any physical activities or exercises; only **11.9 percent** reported consuming the recommended servings of five fruits and vegetables or beans per day; **23.9 percent** of respondents are current smokers, and **15.5 percent** reported binge drinking (*Binge Drinking is defined for Males, consuming 5 or more and Females, consuming 4 or more alcoholic drinks in one sitting*).

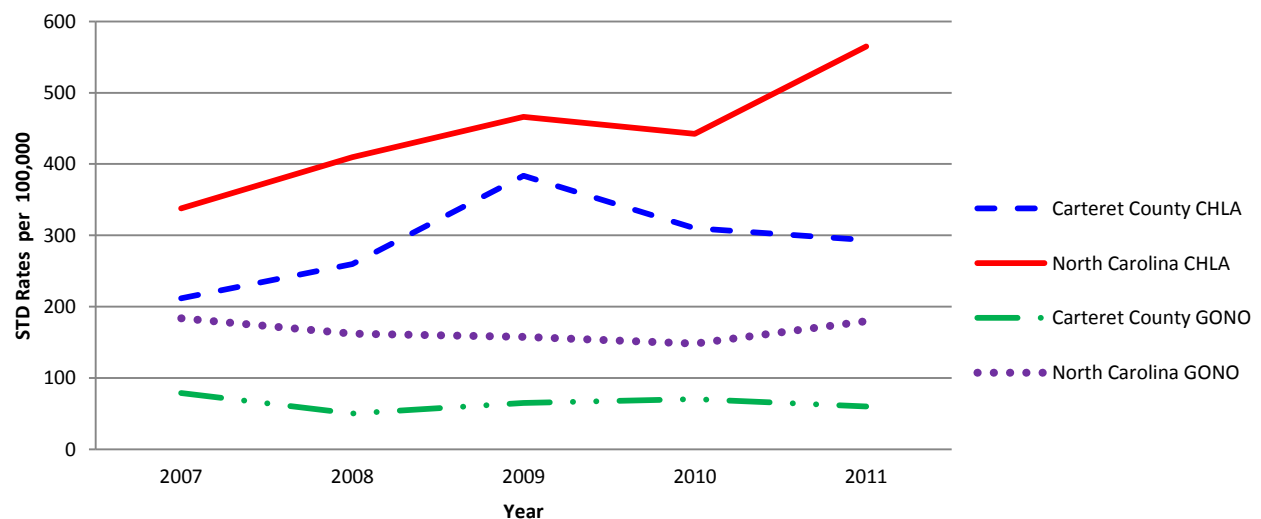
The BRFSS is a random telephone survey of state residents aged 18 and older in households with telephones. The North Carolina Division of Public Health has participated in the BRFSS since 1987. Through BRFSS, information is collected in a routine, standardized manner at the state level on a variety of health behaviors and preventive health practices related to the leading causes of death and disability such as cardiovascular disease, cancer, diabetes, and injuries. BRFSS interviews are conducted monthly and data are analyzed annually (on a calendar-year basis). Because the sample of surveys from Carteret County is so small, data from surrounding counties in Eastern North Carolina are combined to accurately illustrate the results. Data for the Eastern Region of North Carolina is listed above.

Reported Behaviors: Contributing Factors for Chronic Disease, Eastern North Carolina



Reportable Sexually Transmitted Disease Rates

Gonorrhea and Chlamydia Rates per 100,000 Population, 2007-2011



Lifestyle and Other Contributing Factors for Morbidity and Mortality Continued

Youth Behavioral Surveillance System Data

According to the 2011 Youth Risk Behavior Surveillance System Data for North Carolina High School Students, 15.5 percent of student respondents did not participate in any physical activity or exercise during the past seven days; only 19.5 percent of student respondents report eating fruits and vegetables five or more times per day; 17.7 percent of student respondents report smoking one or more cigarettes in the past 30 days.

Additionally, 21.1 percent of student respondents report they had ridden in a car or other vehicle driven by someone who had been drinking alcohol one or more times during the past 30 days; 34.5 percent of students reported they have texted or e-mailed while driving a car or other vehicle on one or more of the past 30 days and this number jumps to 60.6 percent of 12th Graders; 34.3 percent of student respondents report having one drink of alcohol on one or more of the past thirty days and 17.7 percent are binge drinking (consuming five or more alcoholic drinks in one setting). These behaviors are associated with unintentional injuries and motor vehicle injuries which are the top two leading causes of death for this age group.

The YRBS monitors priority health-risk behaviors among youth and young adults. The 2011 Youth Risk Behavior Survey (YRBS) was produced by the Centers for Disease Control and Prevention (CDC) and modified to meet the needs of North Carolina. This survey is administered at the middle and/or high school level by individual states and select cities in odd-numbered years to coincide with the national high school administration of the YRBS conducted by CDC. The 2011 NCYRBS was conducted by the NCDPI, Healthy Schools Initiative, in collaboration with the North Carolina Department of Health and Human Services (NCDHHS).

Underage Drinking

According to the Pacific Institute for Research and Evaluation (PIRE) underage drinking cost North Carolina \$1.5 billion dollars in 2010 which translates to a cost of \$1,668 per year for each youth in the state or \$3.17 per drink consumed underage. Youth violence (homicide, suicide, aggravated assault) and traffic crashes attributable to alcohol use by underage youth in North Carolina represent the largest costs for the State. However, a host of other problems contribute substantially to the overall cost. Among teen mothers, fetal alcohol syndrome (FAS) alone costs North Carolina \$32 million. Alcohol use is also implicated in suicides, homicides, sexual-assaults, and injuries from a variety of causes.

The number one place kids access alcohol is still within their own home, however some are still able obtain alcohol by purchasing it illegally out in the community. An effective way to deter the sale of alcohol to underage persons is to hold retailers accountable for illegally selling to a young person.

The Coastal Coalition for Substance Abuse Prevention in collaboration with local law enforcement conducted Alcohol Purchase Surveys in Carteret, Craven, Jones, Pamlico, and Onslow counties beginning August 2011 and ending in May 2012, as part of the North Carolina Prevent Underage Drinking Grant.

Of the locations surveyed in Carteret County about 75 percent of the retailers properly asked to see identification and verified the buyer's age before making the sale. Most retailers are "doing the right thing," however, of the five counties surveyed, Carteret County had the highest failure to ID rate by retailers, approximately 25 percent, meaning 1 in 4 outlets sold without verifying age of the buyer.

This was not a comprehensive survey of every location within the county; however it does provide insight into the current underage purchasing trends in the community. This information was shared with the ABC commission and local law enforcement to determine the educational and enforcement needs in the local community. Comments from the surveyors found that many clerk sold based on whether or not they "knew" the person buying, some would "take your word for your age", and others would ring up items without even asking.

Educational efforts by CCSAP and the Carteret taskforce include educating parents on the "Talk It Up, Lock It Up!" campaign which encourages parents talk with their youth about the dangers of alcohol use, as well as monitoring and securing the alcohol within their home. The campaign encourages adults to lock or secure alcohol cabinets and avoid storing alcoholic drinks in unmonitored areas of the home. The taskforce also stresses the dangers and legal consequences that can occur if providing or allowing underage youth to consume alcohol within the home. Early use of alcohol can lead to alcohol dependency and abuse in adulthood. Studies show that young people who begin drinking before age 15 are four times more likely to develop alcohol dependence and are two and a half times more likely to become abusers of alcohol than those who begin drinking at age 21.

Costs of Underage Drinking by Problem, North Carolina, 2010

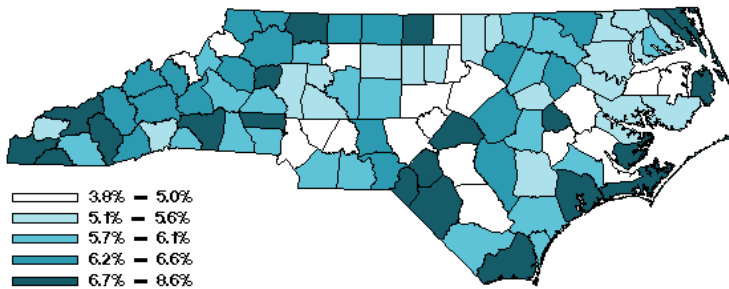
Problem	Total Costs (in millions)
Youth Violence	\$808.9
Youth Traffic Crashes	\$252.7
High-Risk Sex, Ages 14-20	\$122.4
Youth Property Crime	\$185.4
Youth Injury	\$63.9
Poisonings and Psychoses	\$14.4
FAS Among Mothers Age 15-20	\$32.1
Youth Alcohol Treatment	\$28.8
Total	\$1,508.6

Lifestyle and Other Contributing Factors for Morbidity and Mortality Continued

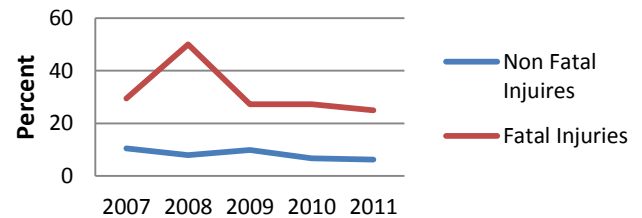
Crashes that Involved Alcohol, All Ages, 2007-2011

Location	Total Crashes	# Alcohol Involved	% Alcohol Involved
Carteret Co.	5,714	406	7.1%
Statewide	1,070,442	56,548	5.3%

Alcohol Crash Map, 2007-2011.



Crash Injuries, Percent Alcohol Related Carteret County



Carteret County's rate of alcohol related crashed is 25% higher than the State's rate for all ages, 2007-2011.

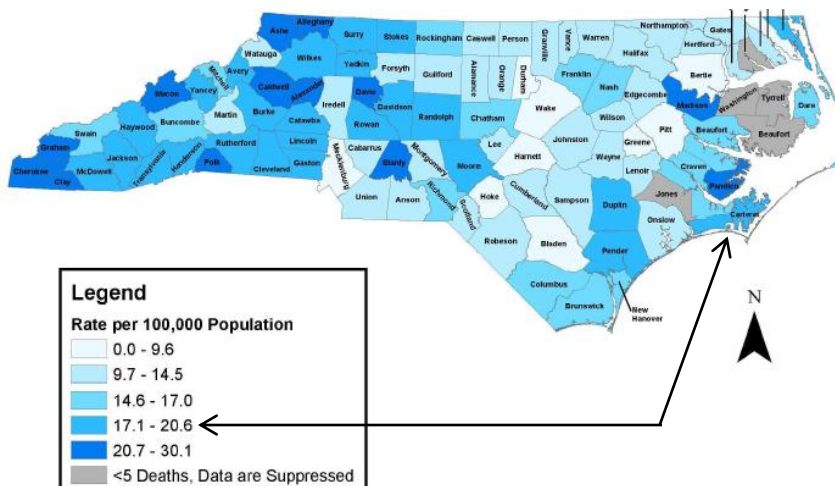
Self-Inflicted Injuries (Intentional) and Unintentional Injuries (Accidental)

Self-inflicted injuries can be from a variety situations including, poisonings, firearms, falls, cuts/pierces, and other intentional or accidental situations. Unintentional injuries, the fifth leading cause of death in Carteret County, is an area of concern and can be tracked by Hospitalization rates, as well as Emergency Department visit rates. From 2004-2008, Carteret County's hospitalization rate for self-inflicted injuries was 92.9 per 100,000 population and the Emergency Department visit rate was 171.7 per 100,000 population. Carteret County's ED visit rate for self-inflicted injuries was one of the highest in the state.

Suicide

Suicide is a major public health problem in North Carolina and Carteret County. According to the 2011 report, *The Burden of Suicide in North Carolina*, published in February 2011, Carteret County's suicide rate for ages 10 or older was 17.8 per 100,000 population for (2004-2008) compared to North Carolina rate of 14.0 per 100,000 population.

Map of Suicide Rates for Ages 10 or Older by North Carolina County of Residence (2004-2008)

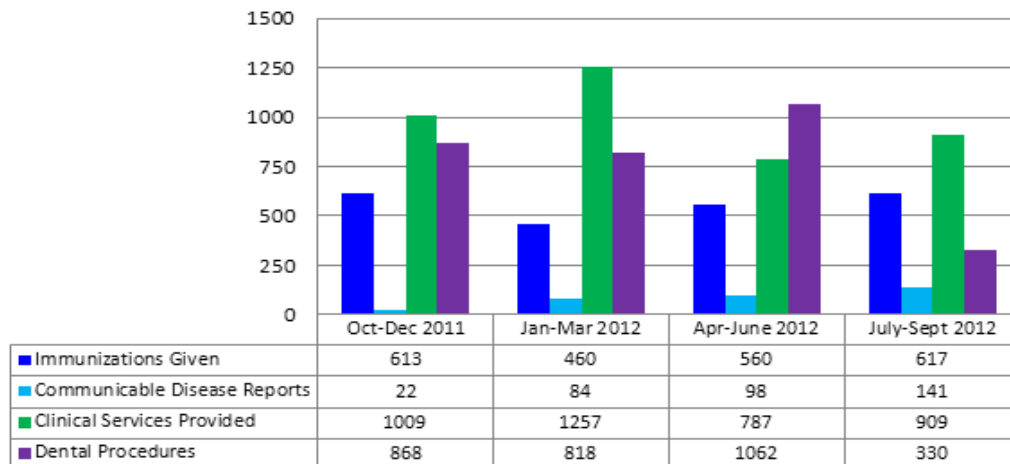


Carteret County Health Department, Quarterly Reports

Carteret County Health Department's (CCHD) mission is, "To promote and protect the highest standards of healthy living for all county citizens". CCHD has served residents of Carteret County since 1937. Over the years, funding for programs and services has come from a variety of sources including County, State, Federal and special grants. Below is an overview of the services and programs it provides including but not limited to, preventive health care services, family planning, immunizations, screenings and case management programs, as well as surveillance and regulation of food, lodging and institutions, drinking and wastewater treatment, and animal control and vector borne diseases.

CCHD Services and Programming Report October 2011- September 2012

Services Provided, Clients Served By Program



Immunizations Given includes the number of vaccines given such as polio, hepatitis B, measles, chickenpox, flu, pneumonia, whooping cough, rubella (German measles), and mumps.

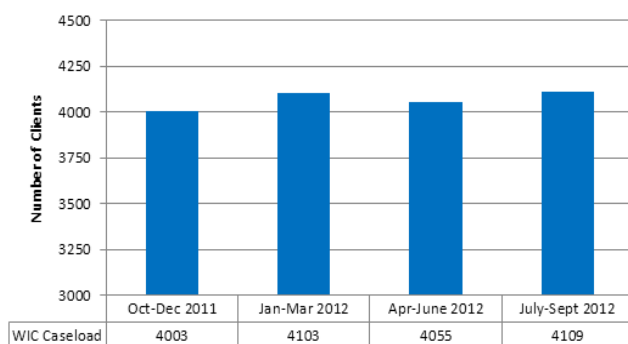
Communicable Disease Reports includes the number of communicable disease reports, investigation of suspected outbreaks, and treatment of STD cases.

Clinical Services Provided includes the number of family planning clients served, sexually transmitted disease screenings, breast and cervical cancer screenings, prenatal and physical exams, TB screenings, adult primary care, as well as diagnosis and treatment of chronic diseases.

Dental Procedures includes the number of preventative and clinical treatment and dental services to eligible children through the mobile dental unit. *July to Sept numbers lower due to schools being closed during the summer.

WIC (Women Infants and Children)

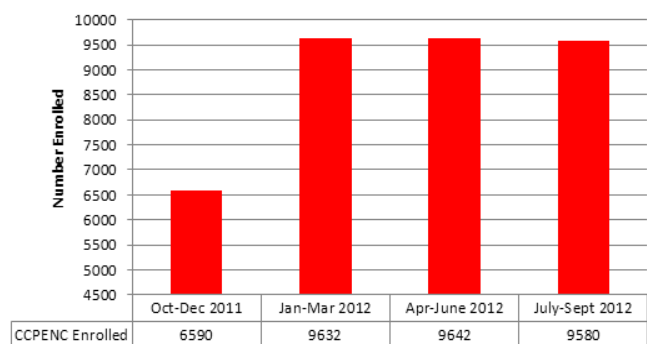
Women, Infants, and Children, (WIC) Caseload



WIC includes clients served through the supplemental food and nutrition voucher program for women, infants and children ages 0 -5 as well as the breastfeeding peer counseling program.

Community Care Plan of Eastern NC

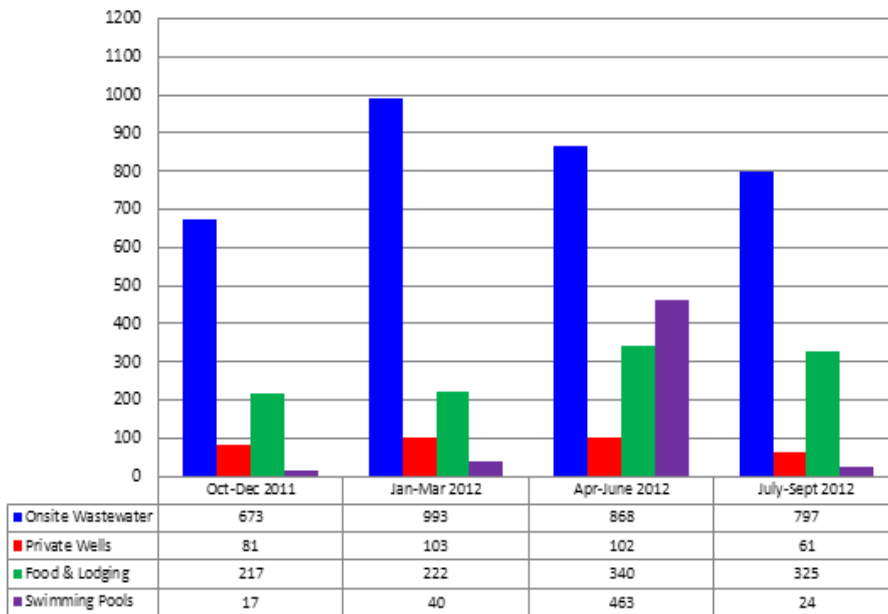
Community Care Plan of Eastern North Carolina Number Enrolled in Programs



CCPENC Enrollees includes all clients utilizing Carolina Access Medicaid within the County, as well as Health Department case management programs such as Care Coordination for Children program, Pregnancy Care Management program, and Postpartum/Newborn Home Visiting program

Carteret County Health Department, Quarterly Reports**CCHD Environmental Health Services and Programming Report October 2011- September 2012**

Environmental Health, Services Provided By Program



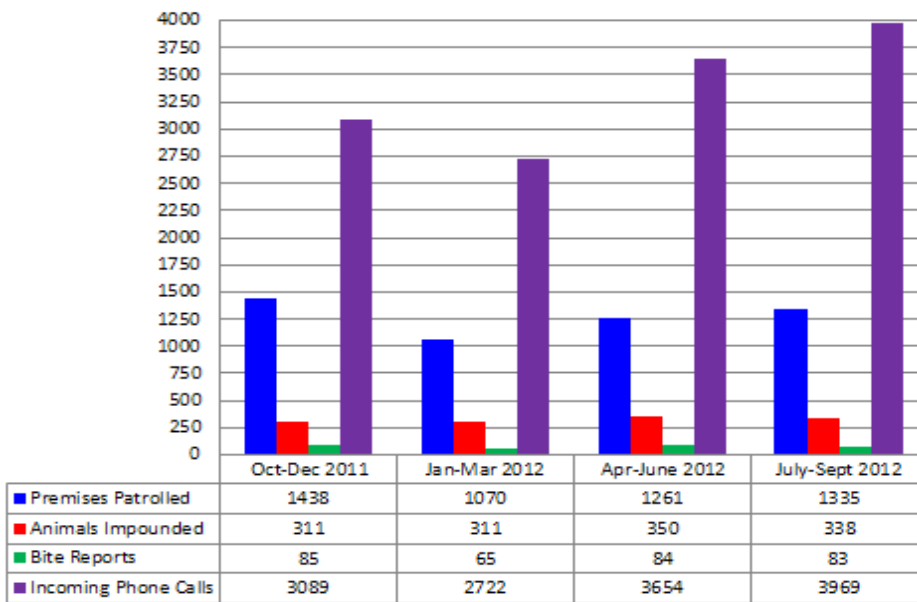
Onsite Wastewater includes the number of inspections and site visits conducted for onsite and large wastewater systems.

Private Wells includes the number of private wells inspected, tested, and visited.

Food & Lodging includes the number of establishments inspected.

Swimming Pools includes the number of swimming pools inspected and visited with Apr-June being the months with the highest usage of swimming pools.

Animal Control Services Provided By Program



Premises Patrolled includes the number of premises visited and the number of areas patrolled by Animal Control staff.

Animals Impounded includes the number of stray animals captured and taken to the pound.

Bite Reports includes the number of bite reports received and investigated by county Animal Control staff.

Incoming Phone Calls includes the number of incoming phone calls the county received requesting assistance or issues related to animal control concerns.

For specific information related to each program, please visit the Carteret County Health Department's web site at www.carteretcountyhealth.com or call (252) 728-8550.

Carteret County ranks overall, as the 11th healthiest county in North Carolina.



The County Health Rankings rank the health of nearly every county in the nation and show that much of what affects health occurs outside of the doctor's office. The County Health Rankings confirm the critical role that factors such as education, jobs, income, and environment play in how healthy people are and how long they live.

In 2010, Carteret was ranked 17th; in 2011 - 13th; and now in 2012 is ranked 11th. Carteret County continues to improve each year, which goes to show that community organizations, public health agencies, businesses and individuals are all working to improve the health behaviors and environments within the county.

Published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, the Rankings help counties understand what influences how healthy residents are and how long they will live. The Rankings look at a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, access to healthier foods, air pollution levels, income, and rates of smoking, obesity and teen births. The Rankings, based on the latest data publically available for each county, are unique in their ability to measure the overall health of each county in all 50 states on the multiple factors that influence health. Additional health information is included in this [report](#). Counties receive two summary ranks which are, Health Outcomes and Health Factors. Health outcomes represent how healthy a county is while health factors represent what influences the health of the county. There are many factors that are taken into consideration when determining overall rankings.

Health Factor Rank: 20th *This ranking is based on weighted scores of four types of factors: behavioral, clinical, social and economic, and environmental.*

Behavioral Score: 44

Clinical Score: 31

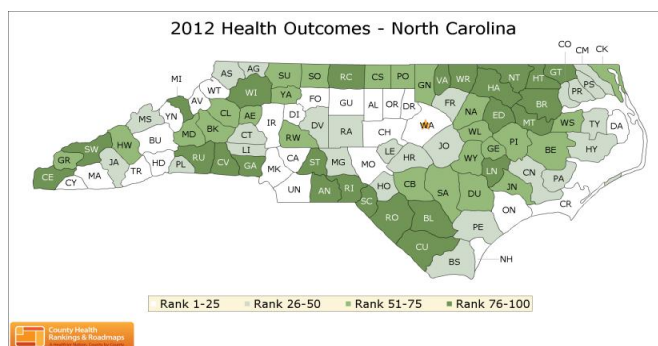
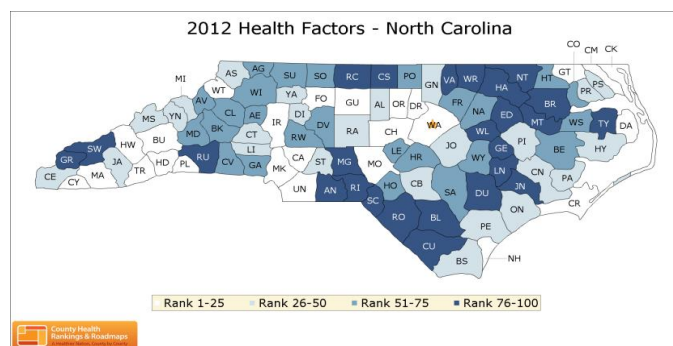
Social and Economic Score: 15

Environmental Score: 2

Health Outcomes Rank: 11th *This ranking represents how healthy a county is, based on an equal weighting of mortality and morbidity measures.*

Mortality Score: 15

Morbidity Score: 21



Progress since the 2009 Community Health Assessment

In 2010, the Health Department along with Healthy Carteret and other community partners selected priority areas for the county to work on for the next 2 years. Priority areas for Carteret County included: Tobacco Prevention, Substance Abuse Prevention, Physical Activity and Nutrition. From these priority areas, an action plan was developed with objectives and strategies to drive local activities to improve population health.

On the following page is a brief description of the progress made in addressing these issues. The Health Department along with community organizations and agencies have worked to implement new programming, provide new equipment, offer new services, and implement new policies to address these priority areas. While the Health Department has not been the lead agencies in accomplishing each of the strategies listed below, all the accomplishments and activities have taken place within the county in support of the priority areas.

Progress since the 2009 Community Health Assessment

Tobacco Use Prevention:

Objective 1. Decrease the % of people exposed to secondhand smoke in Carteret County public parks

Objective 2. Decrease the % of high school students reporting current use of tobacco products

Objective 3. Decrease the # of adults who are current smokers

Progress toward strategies, continuing strategies, and other successes:

- Met objective 1: Tobacco Free Parks Policy for all grounds and facilities within the Carteret County Parks System, adopted June 18, 2012, effective September 1, 2012.
- Carteret Community College strengthens tobacco-use policy, restricting smoking to designated areas.
- Provided tobacco cessation training for Women's Healthcare providers. Provided tobacco prevention presentations at a local high school and info on cessation resources during health fairs, at worksites, and other community events.
- Surveyed municipalities on current status of tobacco free policies including grounds, public buildings, parks, and government vehicles.
- Continue to promote the use of the North Carolina Quitline 1-800-QUIT-NOW in schools, worksites, churches, and out in the community.

Substance Abuse Prevention:

Objective 1. Reduce the % of high school students who had alcohol on one or more of the past 30 days

Objective 2. Reduce the % of traffic crashes that are alcohol related

Objective 3. Reduce the % of individuals aged 12 years or older reporting any illicit drug use in the past 30 days

Progress toward strategies, continuing strategies, and other successes:

- Educated parents and youth on the dangers and consequences of underage drinking via "Parent Night" at local schools and through parent group meetings.
- Partnered with law enforcement to complete compliance checks and alcohol purchase surveys at retail outlets in the county.
- Continue to support and promote prescription drug drop-off events "Pills Can Kill"- Carteret County, "Operation Medicine Cabinet"- Statewide Initiatives.
- Support partnership between medical community, law enforcement in an effort to educate and reduce misuse and abuse with prescription drugs.
- Support/provide community education on proper and safe prescription drug disposal, as well as education for adults on how to lock up alcohol and prescription medication, using the "Talk It Up, Lock It Up" campaign.

Nutrition and Physical Activity

Objective 1. Increase the % of high school students who are neither overweight nor obese

Objective 2. Increase the % of adults getting the recommended amount of physical activity

Objective 3. Increase the % of adults who report they consume fruits and vegetables 5 or more times per day

Progress toward strategies, continuing strategies, and other successes:

- Created a community calendar for listing events which promote physical activity, good nutrition, health education, and a healthy lifestyle. www.healthycarteret.org
- Promoted local produce and farm products available for purchase in the community via, Crystal Coast Produce brochure created by NC Cooperative Ext.
- Increased access to physical activity and fitness facilities, programs, and events that support healthy habits. Provided assistance in applying for grant monies for fitness supplies and support for joint-use agreements.
- Promote healthy habits such as increasing physical activity and good nutrition among adults via worksite wellness programs.
- Support Shape Carteret program through Carteret County Partnership for Children.
- Promote comprehensive transportation plan which makes provisions for bike and pedestrian safety and promotes the use of walking, running, and biking for active tourism, recreation, and transportation.

New Initiatives in Carteret County

- **(Jan 2012) Community Transformation Grant (CTG) Project:** The CTG is a four year, \$400,000 grant program involving nine county health departments. The focus of the grant project includes assistance in planning tobacco free living, active living, and healthy eating strategies. CCHD has already received funding from this grant to purchase sporting and exercise supplies for Fort Benjamin Park, as well as tobacco free park signage and billboards. Future projects include: Farmers Market promotions, tobacco free municipal grounds policies, comprehensive land use plans, joint-use agreements between communities and schools/churches, and more. For more information contact Andrea Swain, Carteret County Health Department, 252.222.7778.
- **(Jan 2012) Carteret County Partnership for Children Opens, 'Kids Closet'.** The Partnership for Children announced the opening of "The Kids' Closet". Families needing clothing for children ages 5 and under is available as well as shoes, clothing accessories and toys. All items are free, but each family is limited to (5) items per month. If you are interested in donating new or gently used clothing to please contact the Partnership for Children office at 252.727.0440.
- **(Jan 2012) North Carolina Governor's Crime Commission Grant Awarded to Carteret County Sheriff's Department.** Grant funding covers salary for a detective assigned to investigate prescription drug diversion, fraud and related criminal activity. In addition to the law enforcement aspect, this detective will partner with the mental health and medical community to provide education to the public on the dangers of prescription drugs. Ultimately, the goal is to reduce the number of deaths directly attributable to prescription drug overdose, by reducing access, and educating adults and youth about safe storage and disposal.
- **(May 2012) Crystal Coast Hospice House Breaks Ground.** Crystal Coast Hospice House will offer ten private suites, (six acute care and four residential), for individuals needing end of life care. Hospice house will serve Carteret and surrounding counties.
- **(June 2012) Carteret County Passes Tobacco Free Parks Policy for All County Owned and Maintained Grounds and Facilities.** The Carteret County Health Department with assistance from students with the Croatan High School SADD Chapter (Students Against Destructive Decisions) submitted a proposal to the County Commissioners to adopt a Tobacco Free Parks Policy. The Policy was adopted on June 18th and went into effect on September 1st. The policy states that all grounds and facilities within the park system are now tobacco free. While parks already had some restrictions against tobacco-use, the new policy eliminates confusion by expanding coverage to all grounds and facilities at all times. Funding for tobacco free parks signage was provided by the Community Transformation Grant.
- **(June 2012) New Farmers Market Brochure.** Crystal Coast Produce-campaign, started by Cooperative Extension, promotes local produce stands and farmers markets. New banners, farmer's market brochure and maps assist residents and visitors on where to find and purchase fresh, local produce from area farmers. The new campaign also stresses the importance of buying local and buying in season.
- **(June 2012) Carteret County Commissioners Adopt Comprehensive Transportation Plan.** Carteret County Commissioners adopt a multi-modal transportation plan covering ports, ferries, rails, bike and pedestrian trails, and public transit. Plan objectives include but are not limited to: enhance and expand services for alternative transportation needs; improve and upgrade connections between communities; coordinate land use plans between Carteret County, Municipalities, the Down East Rural Planning Organization, the North Carolina Department of Transportation, plus other local and state organizations.
- **(June 2012) Croatan Regional Bike Plan:** Carteret County Commissioners adopt a resolution approving Croatan Regional Bike Plan Route. This is a 144 mile loop through Carteret, Craven, Pamlico, Onslow, and Jones County.

New Initiatives Continued

- **(Aug 2012) Healthy Carolinians Organization Changes Name and Updates Website.** Healthy Carteret's (formerly Healthy Carolinians of Carteret County) new web site provides links to community data and reports, local events, and community agencies and organizations. Healthy Carolinians will provide assistance during the 2013 Community Health Assessment (CHA) by helping to identify community issues as well as prioritizing issues and developing action plans. Go to www.healthycarteret.org for more information on Healthy Carteret.
- **(Aug 2012) Coastal Coalition for Substance Abuse Prevention (CCSAP) Awarded Drug Free Community Grant:** CCSAP is a five-county, substance abuse coalition made up of task forces from Carteret, Craven, Jones, Onslow, and Pamlico counties all working together to prevent substance abuse. Drug Free Community Grant initiatives will aim to reduce and prevent underage drinking, reduce and prevent prescription drug abuse, and reduce and prevent alcohol related crashes. Additional projects will be developed and implemented over the next four years.
- **(Sept 2012) Extended hours at Parks and Recreation Center.** The Recreation Center at Fort Benjamin Park now has extended hours from 8:00 am to 8:00 pm Monday through Friday, Saturday 9 am – 2 pm. New equipment is also available for the public to check out for use at the park facility. Equipment available to rent includes: basketball, tennis, bocce, disc golf, soccer, horseshoes, shuffleboard and more. Parks and Recreation have also hired a new recreation assistant which will be developing programming and activities at the new facility.

Carteret County Health Department's new initiatives:

- Animal Control Division received a \$50,000 PetSmart Charities Grant, which provides spay and neuter services for domestic and feral cats that reside within the Newport (28570) zip code.
- Environmental Health implements new FDA (Food and Drug Administration) Food Code inspections requirements which focus on process and food sanitation. New requirements allow for inspections to be conducted on a "potential risk" schedule.
- Health Education Dept. received a \$500 March of Dimes grant to purchase Tobacco, Alcohol and Drug educational information. Information was shared with prenatal providers within the county. Training for tobacco cessation and counseling was also held for Women's Health providers.
- Multivitamin Program begins again in November 2012. This program provides a one-year supply of free multivitamins to non-pregnant, low income women of child-bearing age.
- WIC Department's clinic is currently being reconfigured to accommodate more clients and, allow for efficient use of space including new waiting area. The new office space will create additional waiting room area, separate clients from the Health Clinic waiting area; increase utilization of empty office space and provide a more efficient layout for clinic flow.
- Health Department is planning an isolation and quarantine workshop to assist in the development of a comprehensive, county-wide plan.
- Environmental Health will begin to develop rules and regulations for the county's irrigation well and non-drinking water wells.
- Tdap Vaccine clinics were held at four different schools for rising sixth graders, and two additional community clinics were held in the eastern part of the county, one at a local church and one at Eastern Park.
- Carteret County Animal Control held four, low-cost rabies vaccine clinics in 2012. Vaccines were provided for a discounted rate of \$7 per animal.
- Health Department continues to support and work with Carteret Community College and other partners to provide low-cost, consistent and accessible parenting classes.

Carteret General Hospital's (CGH) new initiatives:

- **New Wound Healing & Hyperbaric Center.** This new facility is an outpatient, hospital-based program that works in conjunction with the patient's primary care physician. Open weekdays from 8am until 4:30pm, the program operates by appointment and will see all referrals from the primary care providers.
- **The Learning Center Diabetes Self-Management Education (DSME).** DSME is provided to individuals living with diabetes in an outpatient setting. CGH provides both individual and group education. In addition to DSME, CGH offer Medical Nutrition Therapy (MNT) for individuals with diabetes as well as other conditions.
- **Stoke Telemedicine:** CGH's new telemedicine robot – the first of its kind in Eastern North Carolina – provides improved stroke care through videoconferencing with the Wake Forest Baptist Medical Center's Telestroke Network. The robot, named Riley, is video and audio communication system developed by InTouch Health that provides emergency doctors in Carteret County immediate access to Wake Forest Baptist stroke experts. Telemedicine is a process that allows a stroke specialist from Wake Forest Baptist to connect and consult with physicians at Carteret General via two-way live video, audio and image-sharing technology 24 hours a day, seven days a week as needed. Through this network, physicians here are able to receive on-demand consultation to help diagnose strokes and develop care plans quicker and take action if necessary.
- **CGH Telehealth Program.** Heart failure is consistently one of the highest 30-day readmission diagnoses for hospitals. Through CGH's Telehealth Program, CGH sends their patients home with a telescale device that allows for better management of their symptoms as well as their weight. Through the use of a landline and power source, patients are able to complete their health check each day and answer symptom questions as well as compare their weight to the previous day's weight. The information is monitored via the internet by a registered nurse 7 days a week for approximately 45-60 days post discharge. By recognizing these early signs and symptoms, the nurse is able to coach the patient and empower them to be an advocate for their own health. This program is proven to be successful in reducing preventable readmissions, and improving patient satisfaction.
- **CGH Partners with UNC Health Care and the Lineberger Comprehensive Cancer Center.** CGH announced that a Partnership in Cancer Care has been formally executed with the UNC Lineberger Comprehensive Cancer Center and UNC Cancer Care. This affiliation will enhance the cancer services and care delivery for Carteret County and surrounding areas. The partnership will help to promote community wide strategies to improve cancer screenings; facilitate early detection and treatment; enhance treatment planning and professional education through teleconferencing with oncology specialists; and streamline the process for patients who may seek second opinions at the UNC Cancer Care.
- **Community Care Plan-Transitional Care Manager**
CGH in collaboration with Community Care Plan of Eastern Carolina offers a transitional care program for patients who are recipients of Carolina Access Medicaid. The transitional care manager facilitates safer transitions from the hospital to the outpatient setting by assuring follow-up appointments in 5-7 days with the primary care provider. Contact is initially made with the patient during hospitalization and continues after discharge by phone call and/or home visit. The Care Manager helps patients understand discharge instructions, obtain necessary medications, and transportation to outpatient appointments.
- **Ongoing CGH projects.** Ongoing projects include planning for the construction of a new cancer center, a major remodeling and expansion of the hospital's emergency department, and recruiting new doctors in specialty fields. County Commissioners in October 2012 approved a preliminary plan for a \$53 million expansion and renovation of Carteret General Hospital and a commitment to proceed with financing for the 30-month project that could begin as early as spring 2013.

Input on emerging issues was collected at various meetings, workshops, and trainings throughout the year in Carteret County. A more comprehensive approach for collecting and identifying emerging issues will be conducted next year during the 2013 Community Health Assessment. Below are issues that have truly “emerged” this year, as well as several issues that continue to be key issues within Carteret County.

1. Increase in number of tobacco shops. Carteret County Substance Abuse Prevention Task force indicated an increase in the number of “Head Shops”, tobacco shops, and gas stations which sell pipes, rolling papers, and other paraphernalia. The “easy access” to these items could be linked with higher numbers of teen substance abuse and tobacco use.

2. Increase in inappropriate relationships. Department of Social Services and the Juvenile Crime Prevention Council are reporting higher numbers of middle school-aged girls becoming involved with older men. Contributing factors include lack of parent involvement/control, use of social media sites to contact older men, lack of female confidence building programs in school and community, and lack alternative supervised recreational or social activities for youth.

3. Increase in drug use by middle school age youth. Increase in the number of students using, buying, or selling prescription drugs in middle school. Contributing factors include ease of access within the home or care giver, misconception of harm, and lack of alternative supervised recreational or social activities for youth.

4. Child Safety Seat Inspection program ending soon in Carteret County. As of November 1, 2012 only one Fire Station within the county was certified to install and inspect child safety seats (Western Carteret Fire Department). Due to funding cuts for their local station and the amount of staff time associated with maintaining this program, the Station can no longer carry this program for the entire county. When this program ends, there will no longer be a safety seat inspection program within the county.

5. Access to mental health services. Onslow Carteret Behavioral Health Services, (the area authority for mental health services for Carteret and Onslow counties) has merged with Southeastern Center for MH/DD/SA Services (the area authority serving Brunswick, New Hanover, and Pender counties). The name of this new provider is CoastalCare This merger consolidates the two offices and reorganizes to form a single area authority for a five county region. Types of services offered to Carteret County residents could significantly impact access to mental health, disability, and substance abuse services.

6. Emergency Department visits for dental pain. ED visits for dental pain, infection, and other dental care issues is an area of concern. Access to dental care for uninsured and underinsured adults continues to be an issue within the county.

7. Public transportation. Public transportation continues to be a concern. Carteret County Area Transportation System (CCATS) currently provides transportation services on a “call and ride” basis. There are no fixed routes for the general public. Only a small percentage of the resident population currently uses CCATS. CCATS is currently identifying ways to increase ridership and improve their services, such as changing the image of “institutionalized transportation”, to simply public transportation by offering more fixed routes/stops, and reducing the call ahead/scheduling time and making it more convenient for users.

8. Bicycle route maps and bicycle racks needed. Many areas within the County are accessible by bike however; there are no places to safely secure a bicycle in the areas around the town. Bicyclist feel a bicycle route map would help to encourage more people to ride their bikes and increase utilization of local shops, restaurants, and historical sites. Bicyclists also feel that making the county more bicycle and pedestrian friendly should be a priority as not everyone has a vehicle and traveling safe by walking or biking should also be addressed.

9. Disease Outbreaks 2012. (1) Pertussis (whooping cough) is a vaccine-preventable disease that is on the increase in the US and in NC. There has been one infant death in NC in 2012 and Carteret County has had several suspected cases along with one confirmed case. The Health Department has been informing our partners and the public on the importance of immunizations – especially for anyone who is around or cares for young babies. Free Tdap vaccines were offered to the public for a limited time during the summer and fall. **(2) West Nile Virus**, which is a mosquito-borne disease, has had resurgence as well during this summer. Although not as hard-hit as some other southern states, NC as of August had confirmed cases in five counties, including two deaths. Carteret also had a confirmed case in the fall. There is no vaccine against WNV. Fortunately, most people who are infected have mild to no symptoms. Avoiding mosquito bites is the best prevention.

10. Broad Street Clinic number of clients continues to rise. Due to the economic down turn, more people out of work and without health insurance, Broad Street Clinic expects the increase in the number of patients to continue into 2013. Broad Street Clinic is a chronic care clinic treating the four chronic disease of diabetes, high blood pressure, heart and/or lung disease. Qualification is determined by medical and financial need.

The 2012 SOTCH report is the third and final interim report following the 2009 Community Health Assessment (CHA). Work will soon begin on the 2013 Community Health Assessment. Input from residents will be collected and analyzed, and goals and priority issues will be determined based on that data. The 2013 CHA report will also serve as the foundation for future plans that influence behaviors, environments, policies and outcomes related to health and wellness within our community. Carteret County Health Department and the Healthy Carteret partnership firmly believe that our community's good health depends on all individuals and organizations taking responsibility for promoting and supporting healthy lifestyles in Carteret County. If you have questions regarding information contained in this report, or would like to participate in the planning process for the 2013 Community Health Assessment, please contact Andrea Swain, Public Health Educator at (252) 222-7778. Carteret County Health Department will continue to promote and protect the highest standards of healthy living for all county citizens, please join us in making a difference in our community!

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23. Indexmundi.com. County Rankings, Population ages 65 and older, 2010 Census. <http://www.indexmundi.com/facts/united-states/quick-facts/north-carolina/>
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Community Resource List

Health Care

Broad Street Clinic

252-726-4562

www.broadstreetclinic.org

Carteret County Health Department ✓

252-728-8550

www.carteretcountyhealth.com

Veterans Services

252-728-8440

Carteret General Hospital

252-808-6000

www.ccgh.org

New to the area and/or need to find a doctor?

Call 1-800-DOCTORS: 1-800-362-8677

Service provided by Carteret General Hospital

County Departments ✓

Carteret County Senior Services ✓

252-247-2626

Carteret County Dept. of Social Services ✓

252-728-3181

Carteret County Sheriff's Office ✓

252-504-4800

www.carteretsheriff.com

Carteret County Parks and Recreation ✓

252-808-3131

www.ccparksrec.com

Carteret County Animal Control ✓

252-728-8585

Carteret County Department of Environmental Health ✓

252-728-8499

www.carteretcountyhealth.com/EH

Carteret County Emergency Services ✓

252-728-8470

Carteret County Board of Elections ✓

252-728-8460

Public Transportation

Carteret County Area Transportation System (CCATS) ✓

252-240-1043

Mental Health/Crisis Assistance

CoastalCare (Formerly OCBHS-Mental Health)

24/7 Helpline 1-866-875-1757

Morehead City Office: 252-648-3100

www.secmh.org

Assistance for Homeless

Hope Mission Homeless Shelter

252-726-1818

<http://hmcm.org>

Family Promise of Carteret County

252-222-0019

<http://familypromisecarteret.org>

Rape Crisis/ Domestic Violence/Pregnancy Assistance

Carteret County Rape Crisis Program ✓

252-504-3668 or Crisis #: 252-725-4040

Caroline's House: Domestic Violence Program

252-728-3788

Coastal Pregnancy Care Center

252-247-2273

Schools/Child Care

Carteret County Partnership for Children

Child Care Referral

252-727-0440

www.carteretkids.org

Carteret County School System

Public School-PreK-12

252-728-4583

www.carteretcountyschools.org

Coastal Community Action

Head Start/Early Head Start

252-223-1630

Boys and Girls Club of Coastal Carolina

252-222-3007

www.bgccc.net

Hotlines/Telephone Support

- Alcohol/Drug Council of NC, 1-800-688-4232
- Diabetes Hotline: 1-877-362-2678
- Quit Smoking: NC QUITLINE 1-800-QUIT-NOW
1-800-784-8669 , 24 Hours a Day/ 7 Days a Week
- NC Kids Adoption and Foster Care Network: 1-877-NCKIDS-1
- Perinatal and Maternal Substance Abuse, 1-800-367-2229
- Children with Special Health Care Needs Helpline: 1-800-737-3028
- Crisis Hotline: 1-800-SUICIDE: 1-800-784-2433
- Safe Surrender: 1-800-367-2229
- Suicide Prevention Hotline: (1-800-273-TALK) 1-800-273-8255
- Problem Gambling Hotline: 1-877-718-5543
- Veteran Crisis Hotline: (1-877- VET2VET) 1-877-838-2838